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7590

06/18/2004

TED R. RITTMASER
FOLEY & LARDNER
2029 CENTURY PARK EAST, SUITE 3500
LOS ANGELES, CA 90067-3021

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Jose Ramos

(Depositor's name)

(Signature)

September 9, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/768,035	01/22/2001	Ronald J. Lebel	USP-1076-B	2696

TITLE OF INVENTION: AMBULATORY MEDICAL APPARATUS AND METHOD USING A ROBUST COMMUNICATION PROTOCOL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBINSON, DANIEL LEON	3742	600-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MEDTRONIC MINIMED, INC.

NORTHRIDGE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies

11

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0872 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Ted R. Rittmaster, Reg. 32,933

September 9, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/15/2004 RMEBRAH1 00000098 09768035

01 FC:1501

02 FC:1504

03 FC:8001

1330.00 OP

300.00 OP

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TRANSMIT THIS FORM WITH FEE(S)



Atty. Dkt. No. 047711-0214

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. LEBEL, et al.

Title: AMBULATORY MEDICAL
APPARATUS AND METHOD USING
A ROBUST COMMUNICATION
PROTOCOL

Appl. No.: 09/768,035

Filing Date: 1/22/2001

Examiner: Daniel L. RObinson

Art Unit: 3742

<p>CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Jose Ramos</u> (Printed Name)</p> <p><u>[Signature]</u> (Signature)</p> <p><u>September 9, 2004</u> (Date of Deposit)</p>
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ISSUE FEE TRANSMITTAL

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,663.00 for payment of the Issue Fee, Publication Fee and 11 additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

Date: September 9, 2004

FOLEY & LARDNER LLP

Customer Number: 23392

Telephone: (310) 975-7963

Facsimile: (310) 557-8475

By: [Signature]

Ted R. Rittmaster

Attorney for Applicant

Registration No. 32,933